



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

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1. Application Date April 18, 1973		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received: APR 25 1973 Application No.: 73-281 Date Completed: MAY 1 1973	
2. Agency Application No. DCS-7		3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Court Services Unit 47 Trinity Avenue Atlanta, Georgia		4. Person to Contact Mr. John Hunsucker	
				5. Working Title Consultant	6. Tel. No. 656-4464
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Earliest & Latest Dates of Series 1965-to date		9. Exact Series Title Thirty Day Population Notification Files			
10. What is the function of the office in which this record series is created? The Youth Services Unit, headed by the Assistant Director of Social Services, is responsible for the administration and supervision of programs in the State for youths. Included are (1) the administration of detention centers for juveniles (Youth Centers Administration), (2) the supervision of pretrial, trial, post trial, pre-detention and post detention services to juveniles in the State (Court Services Administration).					
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). Documents relating to the notification of the State Office that a juvenile has been held in a Regional Youth Development Center for thirty (30) days or longer. Included is RYDC-5 (Thirty Day Population Notification). File is arranged alphabetically by name of institution and thereunder by date.					
ATTACH SAMPLES OF THE FILE					
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	
Letter-size File Drawers		2	3	Less than 1 1	
Legal-size File Drawers				Floor Space Occupied (Square Feet)	
				In Office(s) In Storage Area(s)	
				This Year's Last Year's Preceding Year's All Prior Years'	
				AVERAGE DAILY REFERENCES	
				0 0 0 0	

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ [x] ☐ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ [X]
15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. ☒ [X] ☐ []
16. Does the series contain classified information requiring security handling? ☐ [] ☒ [X]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [] ☒ [X]
18. Could the function be performed if the files were lost or destroyed? ☒ [X] ☐ []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ [X]
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [X]
21. Does the record series contain documentation produced as EDP printout? ☐ [] ☒ [X]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [] ☒ [X]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☒ [X]

24. REQUIREMENTS. The following requires the files to be kept 1 month ~~years~~:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☐ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ [] CALENDAR YEAR ☐ [] FISCAL YEAR ☒ [X] OTHER monthly, then:

- ☒ [X] Hold in the current files area 1 month(s)/ year(s):
- ☐ [] Transfer to ☐ [] State Records Center ☐ [] Local Holding Area; hold year(s):
- ☒ [X] Destroy.
- ☐ [] Transfer to State Archives for permanent retention.
- ☐ [] Destroy immediately after cut-off.
- ☐ [] Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William A. Spaulding</i>	4-18-73		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>Charles L. Day</i>	4-18-73
	State Auditor/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>William M. Dixon</i>	4-30-73
	Secretary of State/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>Carroll Har</i>	4-24-73
	Attorney General/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>Robert H. Shee</i>	4-30-73

STATE RECORDS
COMMITTEE